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ORIGINAL DEPARTMENT.

LECTURE.

OPHTHALMIA NEONATORUM.

BY LAURENCE TURNBULL, M. D.,
Of Philadelphia.
Physician to the Department of Diseases of the Eye and Ear, Howard Hospital.

Delivered December 22d, 1876.

This form of purulent conjunctivitis usually commences on the third day after birth of the child. It is, in its most aggravated form, a direct inoculation with pus or latent gleet, or leucorrhœal matter. In cold winter weather, when the child is born in a room without fire, it frequently assumes a muco-purulent catarrhal form. A careful differential diagnosis in its early stage is of the utmost importance, for on it depends the safety or loss of one or both eyes of the child.

The late Dr. Ballard, of England, as stated by Mr. Carter, was accustomed to maintain that it was due to no other cause than the improper exposure of the new-born child's eyes to the light; and he asserts that he has banished it from his practice by acting upon this opinion. The excessive glare of a bright light constantly applied to a delicate eye of an infant may produce slight hyperæmia, and after a time an increased secretion of mucus; but who, for one moment, would assign this as a chief cause of this most fatal disease of the eyes, which is supposed to be the cause of nearly half the existing blindness of children in England, and of nearly the same number in this country.

If exposure to the light be a true cause of this disease, we should find it among the native races of North and South America, where the child, when born, has often nothing but the protection of a bush or a hill-side, and soon after being strapped upon the mother's back, has the light of day upon it from morning until night. We have never yet seen a case of this disease, nor have we heard of one arising from such a cause, even from such travelers as George Catlin,* who devoted the greater part of his life to visiting and recording the looks of the various native races of North and South America; and during those researches observing the healthy condition and physical perfection of those people in their primitive state, as contrasted with the deplorable mortality and numerous diseases and deformities in civilized communities. During such labors he has visited 150 tribes, containing more than two millions of souls, and has had more extensive opportunities than any other man living, of examining their sanitary system. Indeed, blindness from any cause is a rare disease among them. In our own experience of thirty-two years, during twenty of which we have delivered, on an average, seventy-five women in each year, we never knew or heard of a severe attack of purulent ophthalmia in the new-born infant from this cause.

Again, in the institution to which I have been attached, as ophthalmic surgeon, I have never known a case of purulent ophthalmia to arise from this cause.

* The Breath of Life, or Mal-Respiration, with its effects upon the enjoyment and life of man. By George Catlin. New York, John Wiley & Son. pp. 77, 1872.

It has been also stated that a large number of the subjects of this disease have been tainted with syphilis; a few such cases do occur, but they are not numerous in our city; such has been our experience. This disease of the eye is still improperly treated, being in too many instances confounded with an ordinary conjunctivitis. As the affection runs its course in from one week to ten days, we find, if neglected, loss of the eyesight from destruction, or a dense leucoma, of the cornea. In the Howard Hospital, so far as my records go, back to the time when I assumed my duties, we have not lost a single case where we had charge of it within the first few days. In a number of instances the infants are brought after one or two weeks' treatment, and we find that one or both eyes are gone. I will here give you briefly the records of a few cases.

December 12, 1861. William L., aged 16 months; residence S. Fourth street; suffering from purulent ophthalmia from the age of three days; attended by a physician up to this time. Present condition, a dense leucoma of the cornea of right eye, with adherent iris. Left eye, loss of the lens, with collapse of cornea, with internal strabismus, no vision. History, developed a purulent discharge from the mother, and in this case there was direct inoculation from the maternal secretions.

This may seem to some an unusual case, but I will be sustained by the experience of ophthalmic surgeons, that they meet with such cases too frequently for the credit of the physicians who treat them.

The following is the record made of a case which applied at the hospital as recently as October 19th, 1876:—Lizzie Long, aged four months. Has had purulent ophthalmia for the entire period. Has been treated by a physician during that time with mild astringents. Present condition, eyelids reddened, puffy, and swollen, and adherent by dried secretion at their margin. When these were separated the pus ran over the cheek, being of a bright yellow color. The upper eyelid was so swollen, red, villous, and tumid, that it had to be scarified before returning it to its place; the lower one was also red, but not so much swollen, being covered with a close network of vessels. The left cornea was one dense opacity. Prognosis, blind of one eye. The other, I informed the mother, might be saved if she would bring the child to the institution every day, for treatment. She agreed to do so, and the following is the method which we pursued, the minute details of which may appear unnecessary to those conversant with the best method, but will be appreciated, I think, by the every day practitioner, who is conscientious in the discharge of his whole duty to his patient. The infant's head was placed between the knees of the resident physician, on a towel, the mother holding the arms and limbs of the child in an easy position. The pus was gently but thoroughly washed away with carbolized tepid water, with small pieces of fine old linen. A small india-rubber bag syringe is very useful to wash the parts where a stream of water is desirable. A basin and towel should be at hand to receive the flow of water, which articles, especially the towel, should not be used for any other case unless cleansed with boiling water and carbolic acid; also, all the pieces of linen used must be burned. Do not use a sponge, as it is difficult to remove all the matter, and its subsequent use may cause inoculation of a sound eye.

In this one case, when the attempt was made to open the eye by the ordinary method, it was found impossible to see any part but the swollen lids; a small retractor was then employed, by which means the cornea was seen as described; in the other eye, by pressing in on the inner edge by means of the tips of the fingers, the nails being short, the eye was opened and the cornea was found clear. Two solutions were then applied, having been provided beforehand, one of a ten-grain lotion of nitrate of silver, and one of a saturated solution of chloride of sodium. A drop or two of the nitrate of silver lotion was brushed over the everted eyelids, and as soon as this had mixed and neutralized the purulent secretion, the other lotion of chloride of sodium was employed, and after a free and full change, to the chloride of silver, of the excess, the whole was again washed with tepid water. Lastly, the margins of the shut eyelids were anointed with ointment of cucumber or rose. An alum lotion, of a drachm to the pint of boiling water, was then directed and given to the mother, who was told to repeat the washing and anointing process, at first every four hours, and after a time, from six to eight hours.

The mother was also given a bottle of aromatic syrup of rhubarb, and directed that the infant should have a small teaspoonful at bedtime, so as to regulate the functions of the stomach and bowels, which are always disordered in these

attacks. Directions were given that the infant be so placed that, the disease being only in one eye, the pus from the diseased eye should not travel across the bridge of the nose and inoculate the other well eye.

The infant, in the above narrated case, after ten days' treatment, recovered the entire use of the eye, while the cornea, much to the delight of the mother, retained its transparency.

COMMUNICATIONS.

ON SEXUAL DEBILITY AND IMPOTENCE,

RESULTING FROM STRICTURE AND INFLAMMATION OF THE CURVED PORTION OF THE URETHRA, WITH SPECIAL REFERENCE TO MASTURBATION AS AN EXCITING CAUSE OF STRICTURE.

Read before the Philadelphia County Medical Society, at its Meeting, March 28th, 1877,

BY SAMUEL W. GROSS, A.M., M.D.,

Surgeon to the Jefferson Medical College Hospital, and to the Philadelphia Hospital.

From the intimate connection which exists between the urethra, the prostate, the seminal vesicles, the ejaculatory and the deferential ducts, and the testes, it is not surprising that lesions of that passage should exert a powerful effect upon the functions of generation, whether that effect be due to the extension of morbid action through continuity of structure, or to reflex action. Hence it is that many persons affected with urethral disorders suffer from more or less marked disturbance in their sexual powers, amounting, in some instances, to impotence, or inability to copulate, either from incapability of intromission, or premature ejaculation, both states being associated with imperfect or transient erections.

Reduced sexual power, from whatever cause it may arise, is one of the most distressing of maladies, and is, therefore, entitled to the deepest sympathy and consideration on the part of the honest practitioner, by whom, unfortunately, it is rarely discussed. It is for these reasons that I shall call your attention to inability to consummate the venereal act in a satisfactory manner; and, in doing so, I shall limit my remarks to that form of the disorder with which I have most frequently met in an extensive practice in the diseases of the genital organs, and which is dependent upon stricture, inflammation, and hyperæsthesia of the posterior portion of the urethra.

In the majority of the cases that have come under my observation—and my remarks are based exclusively upon personal experience—I have found, first, that the trouble was due to subacute or chronic inflammation, and morbid sensibility of the membranous and prostatic portions of the urethra, but particularly the latter locality, and was always associated with deep-seated stricture, which was generally of large calibre; and, secondly, that these lesions were traceable, in the larger proportion of instances, to masturbation. Thus, in fifteen of the nineteen cases here recorded, the sexual difficulty arose from the effects of urethritis produced by onanism, while in only four was it dependent upon the localization of gonorrhœal inflammation.

These data are not only of the utmost practical value, but they are interesting, as they show that masturbation affects the sexual powers by inducing a state of constant congestion and undue excitability of the urethra, which terminates in inflammation and the formation of a coarctation in its curved or fixed portion. All authors upon self-pollution recognize the fact that the mucous membrane of the prostatic urethra is in an irritable or morbidly sensitive condition, but they overlook the coexistence of a stricture, and ascribe to this habit but little influence in its causation. This most important factor in the origin and maintenance of impotence, has not, in my judgment, been sufficiently appreciated; an oversight for which I can only account by the defective means of exploring the urethra which have been, and are still, usually employed. Instead of resorting to the soft exploratory bulbous bougie, which is the only instrument with which dilatable strictures above the medium size can be accurately determined, the majority of general practitioners still adhere to the use of the ordinary flexible bougie, or metallic catheter, which, in many instances, fail to detect a coarctation, which is the sole cause of many functional disturbances of the genito-urinary tract.

Convinced, then, as I am, that, in at least a certain proportion of cases, more or less marked impairment of the generative functions may be ascribed to stricture of the urethra at the subpubic curvature and its vicinity, along with inflammation and hyperæsthesia of its prostatic portion, which pathological states are, for the

most part, traceable to masturbation, and that, if recognized by properly conducted exploration, virility and peace of mind may be restored, I consider that no apology is necessary for calling your attention to an affection the pathology of which is imperfectly understood, and which too often falls in the hands of the advertising charlatan, under the impression, on the part of the sufferer, that he is laboring under spermatorrhœa. While it is true that, in some instances, seminal incontinence is a prominent symptom, it is equally and not uncommonly true, that nocturnal seminal emissions do not occur beyond the healthy limit, and that if there be a discharge from the urethra at other times than during intercourse, it is due to concomitant chronic catarrhal inflammation of the mucous follicles of the prostate. In point of fact, prostatorrhœa and sexual debility are often combined.

The cases of sexual debility that have come under my notice may, in accordance with their symptoms, be arranged in four classes:—

First. Those in which the erections are imperfect or feeble, and ejaculation too precipitate, but in which sexual desire remains, and intercourse is possible, although incomplete. The following example is a good illustration of this condition:—

Case 1.—A grocer, aged 22, consulted me on the 12th of October, 1876, on account of impaired erections and premature ejaculation. He began to masturbate at the age of fourteen, and continued the practice for three years. Its abandonmeht was followed by nocturnal seminal emissions, of an intermittent character, that is to say, they recurred almost e ery night for a fortnight, when there was an intermission of a week's duration. He had been under treatment for two years before coming to me, the effect of which was to improve his general health and materially lessen the frequency of the nocturnal discharges. Up to one year ago he had never had sexual intercourse. At that time he found that erection was incomplete, the gland of the penis, in particular, being soft and inelastic, and that ejaculation took place in a few seconds. The same troubles had existed ever since. During the past two months nocturnal emissions had occurred from one to five times a week, and he noticed that flakes of mucus, which he supposed to be semen, were discharged in advance of the stream of urine. He was easily fatigued, his hand was unsteady in writing, he was habitually constipated, and suffered from dull, heavy pains in the groins and back.

Examination with the bulbous explorer disclosed slight tenderness of the urethra, half an inch from the meatus, and decided tenderness at four inches and a half, which increased as the prostatic urethra was reached. On withdrawing the instrument, a stricture of a calibre of 10* was detected at 5¼″ from the meatus. The bulb brought out a whitish fluid, which showed, under the microscope, a large amount of pus and epithelium. The urine was acid and loaded with lithates, and the genital organs were normal.

I prescribed a laxative pill, to be taken as often as it might be required, cold hip baths, and cold enemata night and morning, and thirty grains of bromide of potassium every eight hours. The diet was restricted to perfectly bland and digestible articles; sexual intercourse and stimulating drinks were interdicted; and an injection of one drachm of Goulard's extract to ten ounces of water was directed to be thrown into the urethra three times a day.

On the 14th I passed a No. 10 steel bougie, and continued its introduction every second day until the 26th, when it was employed once every twenty-four hours, by the patient himself. At first it was immediately withdrawn, but as the sensibility of the urethra became obtunded, it was permitted to remain longer, but at no time more than five minutes. Its size was gradually increased, until toward the close of the treatment it reached No. 27. During the first week there were three nocturnal emissions; but from that time until I discharged the patient, on the 3d of December, when his sexual powers were entirely regained, there was only one. I saw this man again early in January, 1877, on account of a chancre, when he informed me that he had experienced no trouble whatever in sexual congress.

In this phase of the affection, because it is likewise marked by increased reflex excitability of the spinal cord, may be included examples of that condition known as spasmodic spermatorrhœa, or spermaspasmos, in which emission occurs simultaneously with erection, or

* This and the succeeding measurements are in accordance with the French catheter scale. The calibre, therefore, represents the corresponding number of millimetres in circumference, a millimetre being equal to one-twenty-fifth of an inch.

after its partial subsidence. An illustration of this state is afforded by

Case 2.—A clerk, aged 30, brought me, on the 12th of March, 1877, a specimen of his urine for examination. He never had gonorrhœa, but masturbated from his sixteenth to his twenty-first year. For the past three years he had been impressed with the idea that his previous habit had weakened him, and it was constantly on his mind. His genital organs were well developed; there was a constant sticky feeling at the meatus, and whenever he passed an evening with the lady upon whom he had fixed his affections, he had an erection, with simultaneous ejaculation. His hands and feet were habitually cold, and he had no knowledge of nocturnal emissions for five years. The bulbous explorer detected a stricture of a calibre of 17, 6½″ from the meatus, and an exquisitely sensitive prostatic urethra. The microscope disclosed an abundance of spermatozoa and oxalates, with a little pus and epithelium. The man was obliged to return to his home in the West, but will return for treatment next June.

In the *second* class of cases may be included those in which desire is not abolished, but the power of erection is lost, and coitus impossible. This group also comprehends impotence from such feeble erections that intromission is out of the question. Of the former condition, the following is a good example:—

Case 3.—A tavern-keeper, aged 32, of robust frame, stated that he was engaged to be married in six weeks; that he could not command an erection, although he had sexual desires; that the presence of the object of his affections, and the most lascivious books and pictures, which formerly brought on an erection, had lost that effect; and that the thought of his disability on his wedding-night was constantly preying upon his mind. This condition of affairs had existed for five months, during which time he had nocturnal seminal emissions about twice a week. He was, moreover, much alarmed at the presence of some shreds of purulent mucus in his urine, which he thought was seminal fluid. He has had three attacks of gonorrhœa, the last of which occurred seven years ago, since which period he has always had a slight gleety discharge, and for the past few months a dribbling of a few drops of urine in his clothes, after the act of micturition was apparently completed. He suffered from habitual constipation, but in other respects he was the picture of health.

The bulbous explorer defined two strictures, of a calibre of 23, located, respectively, at 6″ and 6½″ from the external meatus, as well as marked hyperæsthesia of the prostatic urethra. The external genitals were perfectly normal.

As the man was very anxious to return to his home in the West, on the 11th of September, 1876, I divided both coarctations with my urethrotome, from behind forwards, after previous enlargement of the meatus, and afterwards passed a No. 32 steel bougie, which corresponded to the normal circumference of the urethra. At the expiration of forty-eight hours, there having been no untoward symptoms in the interval, he was allowed to depart, with instructions to use the bougie every night until all tenderness had disappeared. He was, moreover, ordered a laxative pill pro re nata, the antimonial and saline mixture, along with full doses of bromide of potassium, and cold hip baths and enemata. The diet was restricted, and abstinence from everything calculated to excite the genital organs was enjoined.

On the 5th of October he wrote me that there had been no improvement, and that he had had nocturnal emissions as often as three or four times a week. He had attempted sexual intercourse, but the erection was too imperfect for intromission, in consequence of which he was very despondent, and had postponed his marriage, which was to have taken place on the 25th. He had intermitted the use of the bougie for several days, on account of an "itching sensation" in the urethra, and had not paid proper attention to the bowels. I wrote him not to be discouraged, but to carry out my instructions faithfully, and that all would end well.

On the 28th he said: "I write to let you know that I am improving. I have not had a nocturnal emission for ten days, and have had several erections, but not quite up to the standard. I am still taking the bromide and the pills. I shall be married on the 6th of next month." In my answer I told him to discontinue the bromide, but to keep up the remainder of the treatment.

Under the date of November 11th, he says: "I have greatly improved under your treatment, so much so, that I have connection with my wife every night." I cautioned him against committing such marital excess, lest sexual

abuse might cause a relapse. Since the last date I have heard nothing more of him.

In the *third* class of cases not only is there neither desire nor ability to copulate, but hypochondriasis is superadded; and this mental impotence is often beyond remedy, after the lesions upon which the sexual trouble depended have been removed. In the milder forms of the affection, indeed, the physician is most frequently consulted on account of the fear on the part of the patient lest he may not be able to consummate the venereal act; but the mind is rarely so seriously affected that he is not open to conviction on this point. The following is a typical illustration of this sad condition:—

Case 4.—A Spanish gentleman, aged 24, had masturbated for six years, and for the past two years, during which period he had discontinued the practice, had nocturnal seminal emissions, on an average, twice a week. When I saw him, on the 16th of May, 1875, he stated that he had lost all desire, and had been unable to command an erection for three months. He was very watchful of a gleety discharge, and brought with him, for my inspection, a specimen of urine which contained little threads of mucus, which he imagined to be semen. His general health was broken; his expression was woe-begone; he was gloomy, shy, and reserved, and unable to fix his attention upon his studies, and easily fatigued. He was constantly thinking of his previous bad habit and the nocturnal emissions, and was convinced that he was utterly impotent. In a word, he was a victim of sexual hypochondriasis.

The external genital organs, and the prostate and seminal vesicles, as far as rectal touch enabled me to form an opinion, were perfectly normal; but the urinary meatus was constantly moist, and its lips red and pouting. At 5¾″ from the meatus I detected a stricture of a calibre of 17, and also found that the urethra behind it was extremely sensitive. Placing a little of the fluid which was withdrawn by the explorer under the microscope, I demonstrated to my patient that it was free from spermatozoa, and I still further endeavored to gain his confidence by assuring him that his disability was temporary, since, from its dependence upon appreciable lesions, it would disappear under treatment.

The only internal remedies employed were bromide of potassium, and thirty drops of the tincture of the chloride of iron, along with ten drops of tincture of nux vomica, and two grains of quinine every eight hours. A cold water enema, and hip bath were ordered night and morning. Ten days subsequently, I passed a No. 17 steel bougie, and continued its use until June 7th, the size of the instrument being gradually increased up to No. 23. Under this course of treatment he improved so much that the emissions decreased in frequency; the prostatic discharge lessened in quantity; the hyperæsthesia notably diminished, and he began to have feeble erections. Despite, however, of my demonstration of the true nature of the discharge, he was still so impressed with the idea that it was seminal fluid, that I complied with his urgent request to cauterize the prostatic urethra.

At the expiration of ten days the passage of the bougie was resumed. On the 11th of July, the urethra having almost entirely recovered its normal sensibility, I divided the stricture from behind forwards, and passed a No. 30 bougie. All other medication, save the tonic mixture, was dropped, and in a few days he went to the seashore, with instructions to continue the use of the instrument until the wound had healed. The result of this operation was most flattering. In three weeks he had good erections, and his mental anxiety was calmed; but, desiring to test his powers, he made the *experimentum in corpore vili*, and had an almost instantaneous emission, with cessation of the erection. This unfortunate act, which he undertook entirely upon his own responsibility, undid all the good I had effected. He became a confirmed hypochondriac, and when I last heard of him he had tried galvanism without benefit.

Finally, there is a *fourth* class of cases, in which relative impotence apparently arises from diminished reflex excitability of the spinal cord. This condition, which is characterized by retarded emission, is, I fancy, very rare. At all events, the following is the only example of it with which I have met.

Case 5.—A shoemaker, aged twenty, had masturbated, on an average, once every night from his fifteenth year up to three weeks ago, when he became alarmed at reading a book on self-abuse which had fallen into his hands, since which time he has abandoned the habit. For the past eighteen months he has noticed, in masturbating, that it required at least five minutes to produce an emission, and six months

ago, on having sexual intercourse, ejaculation did not occur for quite half an hour. On this account he had avoided women ever since.

On inspection, the penis was found to be of small size, and he stated that it was actually smaller than it was in former years The prepuce was elongated; there was an accumulation of smegma between it and the gland of the penis; and the lips of the meatus were red and pouting. The bulbous explorer defined a slight stricture, calibre 19, at 5½″, as well as great tenderness throughout the curved urethra. He is taking bromide of potassium, and mild laxatives, using the bougie, and cool hip baths and enemata.

As the remaining cases present some interesting and instructive points, I will, as concisely as possible, allude to their most prominent features, without wearying you with their full details.

Case 6.—A bar-tender, aged 29, of intemperate habits, and a masturbator, was affected with prostatorrhœa, impairment of the general health, and great mental anxiety, on account of feeble erections, which frequently prevented intercourse. The penis was small, and the testes were relaxed. In addition to extreme prostatic hyperæsthesia, a stricture, calibre 18, was detected at $5\frac{3}{16}$.″ From February 25th to June 5th, 1875, the treatment, which was frequently interrupted by dissipation, consisted in the methodical passage of bougies, the exhibition of purgatives, bromides and tonics, and cold hip-baths and enemata. Having finally gained his consent, on the latter date, I divided the obstruction up to 30, and continued the use of the tonics.

On October 20th he married, and performed his marital duties in the most satisfactory manner.

Case 7.—A miller, aged 25, had an attack of gonorrhœa three years ago, which lasted for six months. He has ever since been troubled with a gleety discharge, and, latterly, with a scattering stream, and dribbling of the last few drops. The erections are so feeble that coitus is impossible.

On the 20th of October, 1875, I detected a stricture, calibre 17, at 5¾″, and a highly sensitive prostatic urethra. In addition to general measures, the use of bougies, of gradually increasing sizes, was methodically persisted in for three months. Perceiving that he did not completely regain his original vigor, he at last permitted me to divide the stricture up to the full calibre of the urethra. At the expiration of six weeks his condition was all that could be desired.

Case 8.—A merchant, aged 32, consulted me on the 10th of December, 1875, on account of feeble erections and prostatorrhœa, which were the effects of onanism. He was engaged to be married, but was much troubled, lest he could not consummate the tie, and his mind dwelt incessantly on the discharge, which produced a feeling of wetness in the urethra near the meatus, and which he ascribed to spermatorrhœa. The exploratory bougie disclosed a stricture, calibre 17, at 5½,″ along with very considerable prostatic tenderness. Having succeeded in gaining the patient's confidence, by showing him that the discharge was free from spermatozoa, and assuring him that he could be relieved, I placed him upon the bromide, laxatives, cold enemata and hip-baths, and passed a bougie every second day. At the expiration of sixteen days, the prostatic hyperæsthesia having greatly diminished, I divided the coarctation up to 30. In the course of four weeks he was entirely well, and he has since married.

Case 9.—A student of law, aged 21, in consequence of masturbation, had suffered from nocturnal seminal emissions for three years, and, of late, from irritability of the bladder, feeble erections, and premature ejaculations. The lips of the meatus were red and pouting, and I detected a stricture, calibre 13, at 5½,″ along with great sensitiveness of the urethra from that point as far as the neck of the bladder. As he was in robust health, he was purged, placed upon the saline and antimonial mixture, paregoric and bromides, and ordered cool hip-baths and enemata night and morning. The vesical irritability having subsided, the passage of steel bougies was begun on the 16th of December, and continued until the 4th of February, 1876, when the hyperæsthesia had nearly disappeared, and the stricture readily admitted a No. 25 bougie. It was then divided up to the full calibre of the urethra, and by the end of the month the patient had regained full control over his sexual powers.

Case 10.—A druggist, aged 24, was brought to me on the 18th of February, 1876, on account of symptoms of vesical irritability, under which he had labored for six years. He never had sexual intercourse, but had masturbated from

boyhood until his twentieth year, and desire and erections were utterly abolished. The entire urethra and neck of the bladder were excessively sensitive, and a stricture, of a calibre of 17, was detected at $6\frac{2}{10}''$ from the meatus. Both epididymes, but particularly the right, were enlarged and indurated.

This was the most striking example of loss of virility from urethral lesions that I have ever met with; but as the man had come north to lay in a supply of drugs, and could not remain for treatment, I did nothing for him.

Case 11.—A lawyer, aged fifty-seven, and an old fornicator, contracted a gonorrhœa in 1866, which degenerated into a gleet. For some months, although his desire is unabated, he has been unable to command perfect erections, and ejaculation is precipitate. Exploration showed strictures, of a calibre of 18, at $\frac{3}{4}''$, $6\frac{1}{4}''$, and $6\frac{3}{4}''$ from the meatus, and a sensitive prostatic urethra. These were divided on the 23d of February, 1876; and at the expiration of two months, under general treatment and the methodical use of bougies, he was discharged cured.

Case 12.—A sea-captain, married, and aged thirty-three, came to me on the 1st of May, 1876, in consequence of feeble erections and premature emissions, which I found to depend upon a stricture, calibre 15, at $5\frac{7}{10}''$, along with prostatic hyperæsthesia, the results of masturbation. He was habitually constipated, but his general condition was, in other respects, excellent. As he was engaged in discharging his cargo and getting ready to sail for a foreign port, the treatment was confined to the use of bougies, in gradually increasing sizes, the meatus, as a preliminary measure, having been enlarged to the normal calibre of the urethra. He sailed on the 26th, with instructions to continue the passage of the instruments, to maintain his bowels in a soluble condition, to take hip baths, and refrain as much as possible from sexual intercourse. On his return, early in September, his condition had so far improved that he could command a pretty fair erection, but ejaculation was still too precipitate. Although he had used a bougie of full size, the bulbous explorer defined the stricture just as clearly as before, but the sensibility of the urethra was greatly reduced. As he was again about to sail, he was unable to submit to internal urethrotomy, but promised to do so at some future date.

Case 13.—A clerk, aged thirty-two, stated that, in consequence of masturbation, he had been suffering from seminal incontinence for six years, but that the emissions, of late, did not exceed two a week. He could not have connection, on account of imperfect erections, and his mind was deeply involved in his trouble. In addition to morbid sensibility of the prostatic urethra, there were three strictures: the first, calibre 21, at $\frac{1}{2}''$; the second, calibre 19, at $2\frac{1}{2}''$; and the third, calibre 19, at $6''$ from the meatus. I saw the man on the 18th of July, 1876, but he never returned, and probably belonged to the class of persons who run from one physician to another, without affording any a chance to give him relief.

Case 14.—A printer, aged 22, and a masturbator, consulted me on the 28th of July, 1876, on account of feeble erections and prostatorrhœa, along with a stricture, calibre 19, at $5''$, and prostatic hyperæsthesia. After the first passage of the steel bougie, he deserted me, and I have since lost sight of him.

Case 15.—A merchant, aged 22, stated, on the 28th of July, 1876, that he was suffering from imperfect erections, premature ejaculations, and occasional seminal losses, which resulted from masturbation, and which I found to depend upon a stricture, calibre 19, at $6''$, and an irritable prostatic urethra. He was habitually constipated, but otherwise in good condition. As he was on a visit to the International Exhibition, and merely wished a letter of instructions to his regular attendant, he was not placed upon treatment.

Case 16.—A commercial agent, aged 39, came to me on the 13th of September, 1876, with a history precisely similar to that of the foregoing case. In addition to the morbid sensibility of the prostatic urethra, there was a stricture, calibre 19, at $6''$ from the meatus. He was put upon a laxative pill of colocynth, blue mass, and extract of belladonna, with full doses of bromide of potassium; directed to take cold hip baths and enemata, and taught the use of the bougie. On his return, on the 22d of November, after previous enlargement of the meatus, I divided the stricture up to 30, leaving him to conduct the after treatment himself. On the 3d of January, 1877, he wrote me that he had entirely recovered his sexual powers.

Case 17.—A clerk, aged 20, who had never had sexual intercourse, but had masturbated since his fifteenth year, consulted me on the

14th of September, 1876, on account of irritability of the bladder, spermorrhaghia, and feeble erections. The prostatic urethra was highly sensitive, and there was a stricture, calibre 16, at 5½″. He was under my observation only one week.

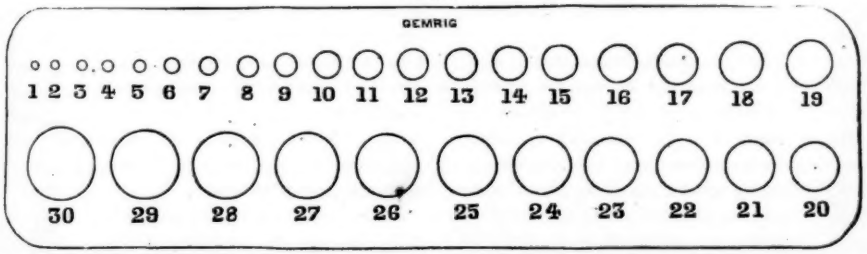
Case 18.—An engineer, aged 27, in consequence of onanism, was troubled with feeble erections, nocturnal emissions, and severe neuralgia of the left testicle and spermatic cord His health was somewhat broken, and, in addition to prostatic hyperæsthesia, there was a stricture, calibre 21, at 7″. On the 4th of September, 1876, he was put upon quinia, arsenious acid, strychnia, and morphia; a large bougie was methodically passed, and other measures instituted to obtund the sensibility of the urethra. He improved under this treatment, and, on January 21st, 1877, I divided the stricture up to 30. At the expiration of five weeks he was entirely well.

Case 19.—A medical student, aged 25, came to me on the 7th of March, 1877, on account of prostatic discharge, tenderness of the urethra at 2½″ from the meatus, and increased tenderness from six inches, at which point there was a stricture, calibre 19, to the neck of the bladder. He had gonorrhœa three years ago, but for the past eighteen months had noticed that ejaculation was premature, sometimes, indeed, before he had fairly entered, although there was no difficulty in the power of erection. He had some difficulty in starting the stream of urine, which was flattened and smaller than natural, and there was a scalding sensation when he retained his water for any length of time. He had nocturnal seminal emissions about once a week, and his passions were easily aroused. The bowels were regular, and his general health was excellent.

In all of the cases that I have now presented to you, morbid sensibility of the curved portion of the urethra, as denoted by the contact of an instrument. by pressure with the finger in the rectum, and, now and then, by the passage of the urine or the seminal fluid, was a prominent feature. In addition to hyperæsthesia, however, one or more strictures were present. Hence, I am warranted in concluding that, in the major ty of instances in which sexual debility and impotence depend upon localized genital lesions, these lesions will be found to be stricture of the curved portion of the urethra, and irritability of the canal posterior to it.

A further examination of the cases shows that in only four was gonorrhœal inflammation the cause of the morbid changes, while in fifteen, or four fifths of the entire number, they were induced by masturbation. I am, therefore, forced to adopt the view that urethral stricture, as well as hyperæsthesia, is an essential lesion of masturbation; and that cases of sexual debility must prove rebellious to treatment unless the former pathological condition be fully appreciated.

Fig. 1.



It is, moreover, interesting to note that the strictures, whether they were the effect of onanism or of gonorrhœa, were usually single, deep-seated, and of large calibre. In one example of specific urethritis, in addition to two deep strictures, there was a third one at ¼″; while in one case, from masturbation, there were likewise three coarctations, seated, respectively, at ½″, 2½″, and 6″. The following figures denote the distances of the strictures from the meatus, and their calibre*:—

Of the 4 gonorrhœal cases, 6″ and 6½″, c. 23; 5½″, c. 17; ¾″, 6½″, and 6¾″, c. 18; and 6″, c. 19. Of the 15 cases from masturbation, 5½″ c. 16; 6½″, c. 17; 5½″, c. 17; 5½″, c. 19; 5$\frac{9}{16}$″, c. 18; 5½″, c. 17; 5½″, c. 13; 6$\frac{3}{16}$″, c. 17; 5$\frac{7}{16}$″, c. 15; ½″, c. 21; 2½″, and 6″, c. 19; 5″, c. 19; 6″, c. 19; 6″, c. 19; 5½″. c. 16; and 7″, c. 21.

* By calibre is meant that the coarctation was defined by an explorer of the number indicated. This point will be best appreciated by a reference to the French catheter scale, represented in fig. 1.

The foregoing measurements are of practical importance, since they indicate that, in searching for the essential cause of the trouble, the lesion is generally to be found at the subpubic curvature and its vicinity, which include the junction of the membranous and spongy portions of the urethra, and one inch of the canal in front of, and three-quarters of an inch posterior to, the triangular ligament. They also show that the coarctations are above the medium size, and that many must escape detection if the ordinary method of exploring the urethra be resorted to. If, for example, the instrument used in these cases had been a silver catheter or a flexible gum-elastic bougie, which corresponded to No. 9 of the English scale, and is equivalent to No. 16 of the French scale, it would have failed to define the stricture in at least four-fifths of the cases. It is for this reason that masturbation has not generally been recognized as a cause of stricture, and for the same reason that stricture has been overlooked as an essential lesion of spermatorrhœa, sexual debility, and impotence. Instead, then, of the ordinary instrument, which is too much employed for diagnostic purposes, I would earnestly recommend the soft exploratory bulbous bougie of Leroy, represented in fig. 2, as the only instrument through which morbid conditions of the urethra, be they strictures, granular patches, or thickenings of the mucous membrane, can be accurately determined. One being selected which fills, without unpleasantly stretching, the meatus, if there be a stricture, it will be stopped, when smaller sizes are successively used, until one will pass without much difficulty. On its withdrawal, the abrupt shoulder of the bulb, coming in contact with the posterior face of the obstruction, imparts to the touch a sensation as if it had jumped over a band, which is as perceptible to the patient as it is to the surgeon. It is hardly necessary to state that the withdrawal of the ordinary catheter or bougie is not attended with a similar sensation.

Fig. 2.

Of the treatment of sexual debility and impotence from stricture and morbid sensibility of the curved portion of the urethra, little need be said, as it has been foreshadowed in the preceding pages. Each case must be met on its individual merits. When the subject is robust and plethoric, mild antiphlogistics are indicated; while in anæmic patients, tonics, of which I have found a combination of quinine, tincture of the chloride of iron, and tincture of nux vomica to be one of the best, will be required. Bromide of potassium, in full doses, can never be dispensed with, since it fulfills the triple object of correcting the acidity of the urine, overcoming the sensibility of the urethra, and blunting the venereal appetite. When the local lesions have been relieved, its use should be discontinued, and remedies given to strengthen the sexual functions. The bowels should be kept in a soluble state; the diet should be simple and unstimulating, condiments, alcoholic and fermented drinks being avoided; heating exercises and clothing should be discarded; chastity in thought and action should be encouraged; and, finally, when the prostatic hyperæsthesia has disappeared, and the sexual vigor is returning, the patient should be advised to marry. When the infirmity has advanced to hypochondriasis, the case is almost hopeless.

Fig. 3.

Of topical measures none has afforded me such good results as the introduction of the conical steel bougie, at first every forty-eight hours, and afterwards every day. After the first few insertions it should be immediately withdrawn, but as the sensibility of the urethra diminishes, it should be retained for four or five minutes, and its size be gradually increased. As adjuvants, the local application of mild solutions of nitrate of silver, acetate of lead, or tannin, are useful, as are also cold hip baths, enemata, and douches to the perineum. If the disease proves obstinate, as it is liable to do, when the prostatic or ejaculatory ducts are involved in the morbid action, the application of the solid nitrate of silver may be demanded. Under similar circumstances, flying blisters to the perineum are of service.

The foregoing measures will usually suffice to overcome the morbid sensibility of the prostatic urethra, and dilate the stricture. Dilatation of the stricture alone, however, often fails to restore virility, because the stricture tends to maintain the inflammatory condition of the urethra behind it. In some instances temporary relief follows, but to effect a permanent cure an operation will be required. For reasons which would be out of place in this paper, I will only state that I give the preference to retrograde internal incision, performed with an instrument which I devised two years ago, and which I have successfully employed in a number of cases. It is fashioned like the bulbous explorer, and defines a stricture with great accuracy. Having been carried behind the stricture, the blade is projected from the bulb, as indicated in fig. 3, by sliding the button at the proximal extremity of the shaft, and the coarctation, as well as half an inch of the mucous membrane behind and anterior to it, divided on its withdrawal. The bulb is again carried through the severed parts, with a view of detecting any uncut bands, and a steel bougie, corresponding to the normal size of the urethra, as previously determined by the urethrometer, at once passed, and afterwards used every forty-eight hours, until the wound has cicatrized.

Medical Societies.

THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

This body held its seventy-ninth annual session in Baltimore, April 10th, 11th and 12th. It was well attended, and many valuable papers were read.

The annual address was delivered by Dr. C. Johnston, the President. The main topic of the discourse was a consideration of the relation of the medical profession to the courts of justice; first, with reference to the question of the sacredness of confidential communications before the courts, and second, the position of the medical expert when subpœnaed to appear in court to testify. In regard to the first point, the doctor cited evidence to show that such communications were held to be inviolate in the case of an attorney, and were practically so in that of a priest, and claimed that they should be so where physicians were concerned. In the course of their practice physicians often have divulged to them secrets, solely for the better treatment of the case, which, if made public, would destroy the happiness and peace of those concerned, and to compel physicians to divulge these was to make an unjust discrimination against the medical profession. To require a medical expert to come before a court of justice and testify under the same circumstances as other witnesses, he thought, was unjust. Ordinary witnesses testify only to facts, while the expert is required to give an opinion, the result of a large amount of expensive preparation. By his very position as an expert he is enjoying a large and lucrative practice, to leave which, for only a short time, entails loss both upon him and his patients; and hence, paying him on the same scale as ordinary witnesses is decidedly unfair. The essential difference in the character of the testimony of the expert and a common witness was dwelt upon at considerable length, and the hope expressed that in the near future the expert in Maryland, as in New York at present, would be at liberty to give his testimony or not, as he thought best. Toward the close of the address the doctor left this subject and urged the necessity of a medical register of the State, which should contain a list of physicians, medical societies and their officers, medical libraries, manufacturers of medical instruments, and an abstract of all laws relating to the profession. He also suggested the establishment of an independent section of microscopy, competent to report upon histology and micro-chemistry.

A resolution to print the address was adopted, and Dr. J. J. Caldwell moved that a committee of three persons be appointed to consider the subjects of the address, which was also adopted.

Dr. S. Weir Mitchell, of Philadelphia, delivered the annual oration. His theme was, "Some Extremes in Therapeutics," that is, in the discovery and application of remedies for disease. He mentioned a number of these extremes. When he first studied the therapeutics of snake-bite poisoning the opinion was general that a rattle-snake bite was deadly. Then in eighty cases thirty different remedies were found, and the conclusion was reached that almost anything would cure a snake bite, or else that it was far less fatal than had been believed.

He recalled the extremes of treatment in rheumatism. Once it was bled and blistered; now it is blistered again. Once it was treated with floods of alkalies; then opium was fashionable, and some one said it must have blankets and six weeks; and propylamin had its day; and once cold water applied to the joints would have been thought to be death, but he could assure it was comfort, if not a cure. Dr. Mitchell concluded that there is no other way to true therapeutics except by experiments on patients, and there never will be any other until the laboratory is able to teach us how and when to use drugs, and that is a far away hope yet.

Utter disbelief in the value of therapeutic means prevailed in Germany. Continental physicians have taken a refuge in the credulity of people in the influence of mineral springs. In this country a like belief has been fostered by a variety of causes, and waters of the value

of that of Gettysburg, and some as inert, have won a wide-spread celebrity. In most cases these springs are to be found in healthy mountain regions, and it is the change of air, of diet and of habits of life which deserve to be considered as curative, rather than the waters. So vast is the use of such total change that patients who go for treatment from the country to the cities are often the better merely for the change, and too often the city physician, as he well knew, gets the credit for that relief which was in large part owing to the vast alterative of change of air and of all the ordinary habits of life.

Blood-letting was once as common as the giving of tonics is now, but what was then daily in practice is now looked upon as a therapeutic measure of heroic character, as a thing really dangerous. The subject of extremes in the use of rest and absolute diet is worthy of attention, but in this country we are far more concerned with the question of how to make people fat, than how to make them lean. There are plenty of healthy people who are thin, but even for them there is a standard of fatness, and we feel anxious at once when any one is losing fat at all rapidly. Probably our whole active population loses weight in summer.

The doctor's qualities of diagnostician and therapeutist are those which concern most his own prosperity, and the welfare of his patients, but unless the profession can also show its capacity for accurate scientific pursuits, for chemical, physiological, and toxicological investigation, it will not hold before the general public the lofty place which belongs to it. In conclusion Dr. Mitchell spoke in high terms of the laboratories of the Johns Hopkins University, and the opportunity put thus at the disposal of the young profession. The oration was received with applause and a vote of thanks.

Dr. A. B. Arnold delivered a paper on "The Medico-legal Relations of Certain Forms of Melancholia." The theory of partial insanity as originally advanced, Dr. Arnold claimed, conveyed the meaning that a person can be insane upon one subject and sane upon all others, but it is altogether an untenable proposition to assert that mind is an aggregate of independent powers, each of which can be at fault, while all the rest remain intact.

Dr. John N. Monmonier presented a paper considering entomology, the nervous supply of the spleen and lungs, etc.

Following this was a paper by Dr. W. C. Van Bibber, on "The Therapeutics of Pressure, Somatic Support, and Modes of Dress." In regard to dress, Dr. Van Bibber said: "The fact of a heavy weight dragging upon living distensible parts must necessarily cause displacements and consequent disease. To remedy this, a change of the line of pressure would suggest itself as a principal therapeutic means. The curve of the corset which has been in use for many years by females, gives pressure at such points, and at such an angle, that the intestines are pushed into the lower part of the abdomen, and the pelvis is crowded beyond its capacity to permit a proper circulation of blood.

"The 'comfort' corset, which is now gaining favor, obviates this to a certain extent, but not so effectually as the chemiloon, which has recently been introduced as a female article of dress. It can hardly be hoped that the report of this committee will have the effect of entirely altering the applied skill of the shoemaker, as well as that of the tailor, milliner, mantuamaker, and thus suspend for a time the profits of the coffin maker; but yet, by reading the transactions of this society for a number of years past, it will be seen that we, as guardians of the public health, have not lately given attention to these matters. It might be inferred from this that we acquiesced in their use, whereas I believe we have only tacitly yielded to ideas, tastes and customs which we believed were entirely beyond our power to remedy or control. It is surely not beneath the dignity of therapeutics to call our attention, or even public attention, to disease-producing fashions of this kind. I have seen nausea, vomiting and dyspepsia in both sexes, from wearing tight shoes. I have read and heard of dislocations of the ankle joint, I have seen distortions of gait, displacements of the pelvic organs, and a complete wreck of health result from small, high and badly-made heels to the shoes of females. And as a member of the committee on therapeutics, with the consent of our honored president of the same, I have thought it not improper, and it might not prove unprofitable, to call your attention to these fashions at this time. If our report or recommendation could change them, and in their stead introduce garments for general use to suit the anatomy of the person, more in accord with the physiological uses of organs, adapted to their preservation, not to their distortion, we would certainly do much in this way for the prevention of disease, and more for its relief and cure than can be accomplished by a full array of instruments which their use compels us to employ in practice."

Other papers read were of more particular interest to physicians and surgeons, viz.: by Dr. L. McLane Tiffany, on surgical dressing; by Dr. J. Carey Thomas, on the practice of medicine and the germs of epidemic diseases; by Dr. Jno. S. Lynch, on "veratrum viride," which as a nauseant resembles tartar emetic, and as a sedative seems identical with digitalis, but more certain and constant. Volunteer papers were read from Drs. S. Theobald, B. B. Browne, B. Titcomb, Randolph Winslow and John N. Monmonier.

Dr. S. C. Chew illustrated with a hospital patient a case of erupyema with spontaneous evacuation.

On the last day of the session, resolutions offered by Dr. Chris. C. Cox, of Washington, were passed, deploring the bodily affliction which prevented the attendance of Prof. N. R. Smith, and acknowledging the great and lasting indebtedness for his numerous and valuable

contributions to the literature of his profession; his splendid achievements in practical surgery; his able, eloquent and long-continued teachings; his high-toned bearing and adherence to ethical principles, which have constituted him a model for imitation.

The president, vice-presidents and secretaries were appointed a committee to memorialize Congress and to correspond with other medical societies, to remove the import tax on quinine.

A resolution offered by Dr. Geo. H. Rohe, for the appointment of a committee to memorialize the State Legislature in regard to the placing of public prostitution under sanitary control, was laid on the table.

The election of officers resulted as follows: President, Prof. A. B. Arnold; Vice-presidents, Drs. S. C. Chew, F. C. Chatard, Chas. H. Jones; Recording Secretary, Dr. Wilson G. Regester; Assistant, Dr. G. Lane Taneyhill; Corresponding Secretary, Dr. W. F. A. Kemp; Treasurer, Dr. Judson Gilman.

TEXAS STATE MEDICAL SOCIETY.

This Society met at Galveston, on the 3d of April. Dr. R. H. Harrison, President, in the chair.

The address of welcome was delivered by Dr. Greensville Dowell, and responded to by the President. A number of reports of committees, and papers on scientific subjects, were presented by the members. The discussion of the State Medical Law was quite active.

The President stated that a resolution, handed in on the 2d inst., indorsing and approving the action of the Travis County Society in refusing to treat with irregular practitioners, could be read.

Dr. Robertson said he had hoped that the regular practitioners, members of the Convention, would have given the matter more study before taking any final action upon it. He said that to adopt the resolution would be but to array the State Medical Association against the Constitution and Laws of the State. He thought that to pass the resolution would be tantamount to warning the district judges that they must either obey the laws they had sworn to enforce, or, ignoring them, fall back upon the medical society of the State for instruction and guidance in the discharge of their duties. He concluded by saying that wherever the legislatures of the country had endeavored to suppress irregular practitioners they had but strengthened them in their claims upon the people for support.

Dr. Dowell said that in voting for the resolution the Convention opposes, not the law, but the unjust judge who had improperly executed it.

The resolution was finally carried.

EDITORIAL DEPARTMENT.

PERISCOPE.

Bromide of Ethyl as an Anæsthetic.

M. Rabuteau described this substance in a paper read to the Paris Academy of Sciences:—

Bromhydric ether, or bromide of ethyl ($C^2 H^5 Br.$), is a colorless liquid, of agreeable odor, boiling at 40 Cent (104 Fahr.), having a density of 1.43, and burning with difficulty. The author had made on this ether (of which the boiling point and density were the same as the chloroform and sulphuric ether) various researches, of which the conclusions were as follows: 1. The bromide of ethyl, when absorbed by the respiratory passages, produces complete anæsthesia as rapidly as, and even more so than, chloroform. This result has been observed in frogs, guinea-pigs, rabbits and dogs. At the end of five, and even sometimes in two minutes, of inhalation performed by the aid of a sponge saturated with bromide of ethyl, the dogs were completely anæsthetized. 2. Animals recover consciousness more rapidly than when anæsthesia has been produced by chloroform. 3. Having injected under the skin of dogs, before anæsthetizing them, solutions of chlorhydrate of narcein or chlorhydrate of morphine, M. Rabuteau observed an action analogous, though perhaps inferior, to the simultaneous action of narcein, or morphine and chloroform. 4. Hydrobromic ether is neither caustic, nor even irritant, in comparison with chloroform. It may be injected without difficulty, and applied without danger, not only to the skin, but in the internal auditory meatus, and to the mucous membranes. It is preferable in this respect to chloroform, which is very caustic, and to sulphuric ether, of which the injection in an uncombined state is almost impossible. 5. Bromide of ethyl taken into the human stomach in doses of from one to two grammes (fifteen to thirty grains) does not produce anæsthesia as it does when absorbed in a sufficient quantity by the respiratory passages. It soothes pain, and does not interfere with the appetite. 6. This anæsthetic is almost insoluble in water, although water in which it has been shaken acquires a pleasant taste and smell. Frogs placed in water saturated with bromide of ethyl are anæsthetized at the end of from ten to fifteen minutes. 7. Bromide of ethyl is eliminated almost, if not quite entirely, by the respiratory passages,

however it may have been absorbed; traces only of it (if any at all) are discovered in the urine, when it has been taken into the stomach; very small quantities of it may be discovered in this liquid when it has been absorbed by inhalation.

The Surgical Significance of the Uterine Ebb.

Dr. H. R. Storer, in a monograph referred to some weeks ago in this journal, considers the menstrual molimen as something more than a mere technical phrase. It is a reality, that not merely determines and is evidenced by the normal catamenial discharge, but that effects reflexly, and probably even more directly, the woman's whole being.

To consider the catamenial function as wholly a local one in effects and in origin, is not merely scientifically wrong, but has doubtless often caused the death of a patient.

With the commencement of menstruation the uterine ebb or catamenial reflux has practically begun, and it is during this ebb that all operations should be performed.

The extraction of a tooth during gestation, or even the filling of one, if at the uterine flow, may result in the expulsion of the fœtus; while the severest pelvic operations, as the removal of vaginal tumors, and even of ovarian cysts or abdominal fibroids, which may be thought necessary to preserve the life of either mother or child, may be, and have repeatedly been, performed without curtailing the progress of gestation.

For pelvic operations, all other things being equal, it is better to select the week immediately following the cessation of the catamenia, or, as nearly as can be ascertained, corresponding with what would have been this time had they appeared.

Salicylic Acid in Typhoid Fever.

In the Edinburgh *Medical Journal*, of February, Dr. George Hunter, of Linlithgow, relates his experience with salicylic acid in an epidemic of typhoid. He treated 68 cases, out of which 7 died. In regard to the acid, he writes:—

It may be employed in the form of (1) salicylic acid, which is an insoluble yellowish white powder, without odor, and of a sweetish taste. It is readily soluble in water containing an alkali in solution, and thus, with soda, we obtain (2) salicylate of soda, a neutral salt. (3) As salicylate of quinia, I have also used it, but in this form it is expensive, and not more antipyretic than either of the preceding.

It may also be prescribed in the form of ammonia or potass salts; but the lowering action of the potass on a heart already feeble seemed to contraindicate its use in the only case in which I had recourse to it. My experience leads me to prefer the soluble soda salt, since we now know that, in the presence of the carbonic acid of the blood, salicylic acid is set free.

It must be given in full and frequently-repeated doses. For an adult, 10 to 20 grains are given every ten minutes, until six doses are taken. For a child of five years, I have given as much as a drachm and a half in an hour, without any toxic effects resulting; but in two instances, both children, slight croupiness of inspiration followed, probably the result of catarrh of the pharynx and upper part of the larynx. Abundant diaphoresis has attended its employment in two or three of my patients. Tried at intervals of one or two hours, no antipyretic action was noteworthy, proving that it is rapidly eliminated. In nearly all the cases treated with salicylic acid, the pulse fell with the temperature, delirium of a mild character gave way. Symptoms of pulmonary œdema and hypostatic congestion became less anxious complications, and in these respects I found a decided resemblance to the action of quinine. Salicylic acid is, moreover, a valuable astringent, and is, therefore, peculiarly indicated in those cases where the diarrhœa is frequent and exhausting. After its use the dejections become more consistent, and usually do not exceed one or two in the twenty-four hours. This of itself is a strong point in its favor, since the chances of the formation of bedsores are lessened, the duties of the attendants are lightened, and the risks of propagating the disease are *à priori* diminished.

On the Treatment of Meningitis Granulosa.

In a clinical lecture published in *La Clinica di Napoli* (abstract in the London *Medical Record*), Professor Somma distinguishes these stages; those of occult predisposition, of manifest predisposition, and of full development of the disease.

In the first stage the treatment is preventive, and consists in the restoration of the constitution by proper remedies and attention to hygiene. The patient must be kept free from emotions and intellectual labor, and must avoid all causes capable of producing hyperæmia or inflammation of the meninges.

In the second stage which comprises the premonitory symptoms, the indications are to quiet vomiting by anti-dyspeptics and alkaline carbonates, to overcome constipation by aperients, to relieve headache by calmatives, and to diminish the slight contractions which occur in some muscles by bromide of potassium and belladonna. Of more importance, however, is the removal of the cause of the symptoms; for this, the remedies recommended in the first stage are to be employed. Dr. Somma regards blisters as highly advantageous; and he recommends the use of iodide of potassium in daily doses, varying from 20 to 40 *centigrams* (30 grains to one drachm) in distilled water.

In the third stage there is little to be done. Some leeches may be applied over the mastoid process, bladders of ice to the heart, and blisters. He advises the use of tartar emetic ointment; and as internal remedies, iodide of potassium,

with calomel and other purgatives. The convulsive and spasmodic forms of the disease are treated by bromide of potassium combined with the iodide. When the morbid phenomena come to a stand and symptoms of collapse appear, he gives valerianate of quinine in half-gramme doses (7½ grains). In the stage of collapse, he uses stimulants freely.

The Production of Albuminuria.

In an article in the *Transactions* of the Medical Society of King's County, N. Y., Dr. W. H. Martin observes that the diseases which are now known to be attended by albuminuria are so numerous, and pathologically so distinct, that we are puzzled in the endeavor to make analogy and comparison useful in testing the causative influence of pregnancy. It is hard to believe, for instance, that the conditions under which albuminuria is produced by valvular disease of the heart on one hand, and by diphtheria on the other, are identical, or even similar. That scarlatinal poison and that pregnancy both cause albuminuria is proved; but that both cause it by originating exactly the same kind of disturbance eludes demonstration. It is rather a "begging of the question" to assert that each produces changes in the blood, and that it is useless to seek beyond these wholly indeterminable changes for a mode of causation. It is easier to suppose that each disease or group of diseases (if they can be grouped etiologically or otherwise) has a peculiar power, and exerts it in a peculiar way, than it is to suppose the existence of some one essential condition to which all equally give rise; that is, one single and immediate cause of albuminuria.

A Simple Cautery.

The following suggestion is made by Thos. C. Stellwagen, M. D., D. D. S., Professor of Operative Dentistry and Dental Pathology in the Philadelphia Dental College, in the *American Journal of Medical Sciences*:—

One of the most useful means of applying the actual cautery has been apparently neglected or allowed to pass unheeded up to the present time, the simplicity of the method being probably the cause of its escaping attention.

It has long been a desirable thing, with the practitioner of dentistry, to be able to accomplish the cauterization of what is termed sensitive dentine, often found where the dental caries has attacked the necks of the teeth, near the margins of the gums; most of the cauterants in actual use being unreliable, or to a degree unmanageable, and liable to penetrate deeper into the structure, or injure the mucous membrane by running over it. This, to a certain degree, has been avoided by the use of the galvanic cautery; but the apparatus required for this purpose is both costly and cumbersome, beside being easily deranged, and somewhat difficult to apply to certain surfaces where, by the undercutting of the caries, the platinum point requires to be bent or hooked.

While operating on the 13th of March, for my friend, Dr. J. S. Walker, I attempted, by the use of a minute coal of fire upon a match-stick, to obtund the sensation of the superficial portion of such a cavity, as above described; meeting with some difficulty in the breaking off of the heated portion, he suggested the use of a harder wood, and I immediately ignited the end of a stick of dental pivot wood, which wood, from its characteristics, being both dry and compressed, proved a most satisfactory and inexpensive means of obtaining the desired effect. It has since appeared to me that sticks of hickory, or any combustible substance that is dense, tough, and readily consumed in the ordinary atmosphere, might be of service to the general surgeon, but particularly where the throat, nares, ear, uterus, or anus, are the points to be cauterized; or for the physician, where immediate vesication is demanded, it could be conveniently used. These sticks might be made more inflammable by soaking in something like a solution of saltpetre, before drying and passing through the process of condensation, which dentists accomplish by an ordinary draw-plate, such as is used for making wire.

To use this, a suitable portion should be burned in the flame of an ordinary match for a few moments, and then, by blowing out the flame, the incandescent portion at the point may be brought to the shape desired, and the temperature raised by passing rapidly through the air, or, *vice versâ*, lowered by allowing a trifling coating of ash to accumulate upon the surface. This will burn thus for one or more minutes, according as more or less is charred by the flame, and one or more of the small sticks are used singly or tied together, or the stick made of larger diameter.

It might also be that a tube of some non-conducting material might be filled with an ordinary lampwick, previously prepared, and by a spring regulated to keep the ignited portion of the combustible material constantly pressed out at one end.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The *Hospital Gazette*, a monthly journal, has been commenced in New York. Rutledge & Co., publishers.

——We have received the prospectus of the *Maryland Medical Journal*, to be published in Baltimore, and edited by Drs. Manning and Ashby.

——The Charleston *Medical Journal and Review* has suspended, owing to the depressed financial condition of the country.

THE

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A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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THE ETIOLOGY OF ALCOHOLIC DEGENERATION.

Almost weekly the exchanges we receive contain reports of cases where the complications brought about by alcoholism add largely to the danger of the patient. The invention of processes of distillation has led to a widespread introduction of distilled liquors where formerly fermented beverages were almost solely consumed. Thus statistics from the cider and wine districts of France and Germany show a growing use of beet-root brandy and similar forms of spirits.

Some have maintained that the injurious effects of alcoholism arise more from fraudulent mixtures and the addition of poisonous ingredients, such as strychnia, cocculus indicus, aloes, fuchsine, etc., than from alcohol itself. Unwise and not over scrupulous advocates of the temperance cause have frequently seized upon these alleged adulterations as arguments for their orations; and the tables have been turned upon them by dealers who guarantee "pure and unadulterated liquors only," and by non-temperance writers, who have maintained that such genuine alcoholic beverages are harmless even in considerable quantities. Thus, as is always the case, the men who advocate what is not true in order to do good, have hurt their position and the reputation of their side.

In fact, wines and liquors in this country very rarely contain any injurious adulteration. The "manufactured" champagnes, brandies and liqueurs, so common at the bars of saloons, are made from "high wines" diluted, colored with burned sugar, or other innocuous substance, sweetened, and flavored with very small quantities of essential oils. It is safe to say that no strychnine, cocculus indicus, alum, copperas, picric acid, or other deleterious substance, is used at all. All such statements emanate from the inventive brains of unscrupulous temperance orators.

The evidence for the truth of what we have just said is very amply given in the Second Annual Report of the Inspector and Assayer of Liquors to the Commonwealth of Massachusetts, Professor James F. Babcock. He presents, in this Report, about four hundred analyses of all varieties of ordinary bar drinks, and did not find among them all any poisonous adulteration whatever. Of course the new whiskies had more or less fusil oil, but this, though deleterious, is no added product. Of this standard American drink he says:—

"Many vile epithets, as 'benzine' and 'Jersey lightning,' have been bestowed upon whisky, and perhaps deservedly, for new whisky is very different in its qualities from old; and it is to new or raw whisky that these opprobrious titles are applied. Whisky is rarely, if ever, adulterated with any injurious substances. Raw or new whisky owes its harsh flavor and burning taste not to substances intentionally added as adulterants, but to the presence of small portions of fusil oil and other bodies naturally produced by the fermentation and which, by age or exposure to

the oxidizing influence of the air, are either removed or changed into more agreeable products. Whisky such as is used for the manufacture of alcohol is almost strictly pure, as there is no incentive whatever to its adulteration.

"Whisky filtered several times through charcoal, which removes all coloring matter and other impurities, is undoubtedly the very purest form of liquor to be obtained, and though less agreeable, perhaps, to the palate, it is believed by many to be fully equal, for all medicinal purposes, to the very best brands of imported spirits."

Professor BABCOCK also examined, with care, nine samples of lager beer and ale sold at retail stores in Boston. They came from different breweries in and near Boston and New York. In their analysis, the processes of Dragendorff and Otto-Stas were employed for the examination of alkaloids and fraudulent or injurious bitters. The results showed that all of the samples were absolutely free from *cocculus indicus*, *picric acid*, *strychnia*, or any other bitter, except that of hops and malt. All the samples were found to be pure, and as free from injurious substances as alcohol in any form can ever be.

This conclusion is the same that has been reached elsewhere. The results of very numerous analyses of various kinds of beer, by chemists in this country and in Europe, have failed to show the presence of strychnia, or other injurious adulteration, in any of the samples examined.

Prof. C. F. Chandler, of the New York Board of Health, examined five different varieties of beer, upon which he reported—

"A most thorough examination failed to reveal any indication of the presence of picric acid, picrotoxine (the peculiar principle of *cocculus indicus*), of alum, copperas, or any adulteration whatever."

The inference is fair, therefore, that the symptoms of alcoholism are owing to alcohol, and not to other poisonous ingredients contained in alcoholic beverages.

NOTES AND COMMENTS.

Insufflation as an Auxiliary Method in Surgical Operations.

The *Revista Medico-Quirurgica*, No. 11, 1876, states that Dr. Montes de Oca, clinical professor of surgery in Buenos Ayres, has devised a method by which operations are greatly facilitated in regions where Esmarch's bloodless method is impracticable, as, for instance, in the neck. The Professor has employed this method with the most brilliant results in the surgical wards of the *Hospital General de Hombres*, during the past two years, for the extirpation of tumors. The method consists in the insufflation or injection of air into the connective tissue surrounding the tumor, causing the separation or isolation of the organs, and is performed in the following manner: A trocar is first introduced through the skin into the connective tissue in the vicinity of the tumor which is to be removed, the stylet is withdrawn, and the tube of a pneumatic pump connected with the canula, when two or three strokes of the piston will generally be found sufficient to cause the tumor to float on the distended cells. If the tumor be very large, it may be necessary to insufflate from two or more points. In performing the insufflation we should always take the precaution to compress the tissues at a certain distance from the tumor, in order to prevent the air from passing too far into the tissues. After this preparatory operation is completed, the surgeon cuts the integument covering the tumor with his bistoury, and then terminates the operation with his finger or with the handle of the instrument. "We have often had occasion to be present when the Professor has applied his method, and as often have we been obliged to admire its efficacy, and we cannot but feel amazed at the facility with which operations may be performed by this method. Among the operations that we have witnessed we remember some of great importance, that have proved, beyond doubt, the excellence of the method."

Hypodermic Injections in Hernia.

Reporting upon three cases communicated to the Société de Chirurgie in which strangulated inguinal hernia was easily reduced after the hypodermic injection of morphia, M. Le Dentu observes that in these cases the strangulation was recent, and although the injection certainly

assisted their reduction, it is doubtful how far they would have succeeded had the strangulation been more decided and of longer duration. If the surgeon is called to the case immediately, the injection may be of use by dissipating the pain and spasm; but if some hours have elapsed it will be always of less value than chloroform, which enables us to at once recognize whether the hernia is reducible or the operation necessary.

A Point in the Differential Diagnosis of Uræmia.

Mr. W. Whittle remarks, in the Dublin *Medical Journal*:—About the *diagnosis* of uræmia from brain disease, apoplexy, alcoholic poisoning, etc., considerable difficulty is sometimes met with, especially in those cases where a sudden attack is experienced for the first time, and where no history of any renal trouble can be found. In such cases great assistance will be had from careful examination of the condition of the heart, as nearly always distinctive modifications of the heart sounds will be heard, as reduplication of one or both, intensity of second sound, etc.; differences also in the arterial tension and cardiac impulse. Of these none seem so constant or remarkable as muffling of the first sound.

The Relations of Wounds to Heart Disease.

In a memoir before the Paris Academy of Medicine, lately, Professor Verneuil laid down these propositions—1. Pre-existing cardiac affections appear capable of retarding or preventing the healing of certain wounds, by giving rise to local accidents, among which are hemorrhages and diffuse inflammations. 2. Wounds by the same local accidents and their consequences are liable to react on prior cardiac affections so as to aggravate them, and prematurely induce symptoms which in general only appertain to their ultimate period.

The Relation of the Size of the Nostrils to Deafness.

The following observation is made in the Edinburgh *Medical Journal*, February, by Dr. J. P. Cassells:—

Left-ear deafness, so long a mystery as to its origin, is explained by the fact that the ventilation of this ear is always more liable to disturbance, owing to the natural narrowness of the left nasal passages, and to their becoming more readily occluded by a congestion of their tissues as compared with the right nares, which, in 80 per cent. of the patients afflicted with deafness, is wider and roomier than that of the left side. But when, as happens now and again, we have a case of decided right-side deafness, with the left unaffected, we find invariably that the right nares are narrower than the left, which in such cases are roomy beyond ordinary experience.

Children in Factories.

In a recent report on this subject, to Parliament, by Mr. Roberts, he states:—

As a uniform plan for determining the physical requirements of the children, not only to assist the surgeon in the performance of his duty, but to protect the children, their parents and employers, from inexperienced or crotchety officials, he proposes the following:—

He would exclude, as physically too short of stature for factory work, boys of 8 years who were under 42 inches; of 9 years under 44 inches; of 10 years, under 46 inches; of 11 years, under 48 inches; of 12 years, under 49 inches; and of 13 years, under 50 inches. The chest-girth of a child of 8 years should be 20½ inches; for 9 years, 21 inches; 10 years, 21½ inches; 11 years, 22 inches; 12 years, 22½ inches; and for 13 years, 23 inches; the increase being half an inch for each year. With regard to weight, a child of 8 years should not weigh less than 45 lbs.; one of 9 years, 49 lbs.; one of 10 years, 53 lbs.; one of 11 years, 57 lbs.; one of 12 years, 59 lbs.; and one of 13 years, 65 lbs.

Extirpation of the Larynx.

This formidable operation has now been performed nine times, in all instances for malignant disease. Only three of these cases lived more than six months after the operation. We cannot regard these results as encouraging; but it must be remembered that the operation, although bold, may yet be justifiable, and a fortunate result, even in one case out of ten, is not wholly to be disregarded.

The Rale Mouille.

Dr. Millon alleges that he has ascertained the presence of a special râle in pulmonary affections, which he calls râle mouillé, and which has, in his opinion, the highest importance from the point of view of diagnosis and prognosis. As a diagnostic sign, it denotes the

passage of pneumonia to the third stage; that is to say, the transition of red hepatization to gray softening and to purulent infiltration of the pulmonary tissue. As a prognostic character, this sign is a certain and invariable presage of death within a very short time; in fact, patients succumb within ten or twelve hours after its appearance. The following are the characters of this râle. It is a moist râle, in small bubbles of equal extent. These bubbles are a little larger than those of the fine crepitant râle. They have some points of resemblance to the mucous râle and some cavernous râles, but they differ essentially from them in the following respects. First, the râle mouillé is confined exclusively to inspiration. Secondly, it is much softer and smoother than the mucous and cavernous râles. Thirdly, the opening or rupture of the bubbles occurs isochronously with inspiration, and produces a sensation quite peculiar and quite homogeneous. Fourthly, there are not, as in the mucous râle, large and small bubbles, but all are of the same volume.

Epileptica.

Dr. R. K. Jones, of Miss., in a recent letter, describes a case of protracted convulsions in a mulatto boy, eight years old. He would remain five hours totally unconscious, one spasm following another without intermission. Large doses of ipecac, by mouth and rectum, as well as chloroform, failed to give relief. Such attacks occur every few weeks. They gradually pass off, leaving him sleepy and heavy.

The description resembles epilepsy, and we would suggest very full doses of the bromides, with a light vegetable diet, and a careful search for all sources of peripheral irritation.

Abscess and Hydatids of the Liver.

Professor Sänger, of Gröningen, records (*Berlin. Klin. Wochenschrift*, No. 12, 1877) two cases, one of hydatid of the liver, and the other of abscess of the liver, in which he cut down on the fluctuating region, then with a curved needle fixed the swelling, with four sutures, to the abdominal wall, and immediately opened it and evacuated its contents. In neither case was the liver adherent to the peritoneum. The incision was made in both cases under Lister's spray, and the hydatid cyst, which was as large as a man's head, was washed out with a 5 per cent. solution of carbolic acid. Both patients recovered completely within three weeks.

Correspondence.

Case of Rupture of the Uterus and Escape of Contents into the Peritoneal Sac.

Ed. Med. and Surg. Reporter:—

The subject of this letter was a negro woman, Katy, aged 40, weight about 110 pounds; the mother of five living children. Last labor twelve years ago, in Charleston, when she was (to use her own expression) "cut to pieces by the doctors."

Was summoned to her midnight, December 6th, 1876, but did not see her till the next day, 9 o'clock A. M. Pulse feeble; fluttering; extremities cold; surface cool; countenance ghastly, expressing intense anxiety. The colored midwife, a woman of more intelligence than ordinary among that class, informed me that she had been in labor for five days, and up to midnight the pains had been very severe, when suddenly hemorrhage from the vagina alarmed her, causing the messenger to be hurried off for me. From this time she had remained quiet, but anxious. The child could be plainly felt through the abdominal parietes, and its outline distinctly defined. The pelvis contracted and narrowed, its antero-posterior diameter unusually so. I inserted my hand with some difficulty through an os entire, finding the uterus contracted and feeling the puckered edges of a perpendicular rent through its body, on its anterior surface, its contents having been expelled into the peritoneal sac. Here was the first case of the kind with which I had been called to contend in a practice of fifteen years or more, which I partly diagnosed before making a per vaginam examination, from having recently read some reports published in the *American Journal of the Medical Sciences*, and some excellent monographs on the subject, together with the general literature of this formidable and frightful accident. The agonizing pains; their sudden cessation; the discharge of blood from vagina; the well-defined contour of child through the abdominal parietes, and the succeeding collapse, make up an unmistakable case. The mother in *articulo mortis*. No signs of life in the child.* Of course, my plan of action was plain, to wit, to leave her severely alone, which I did.

The woman's history, her previous labors, all difficult, and the one preceding this twelve years ago, in Charleston, under the doctors who "cut her to pieces" (scarcely probable that gastro-hysterotomy was performed, thus weakening the muscular tissues at this point, as I hear of no such operation at the time), indicate that the rupture was occasioned altogether by muscular effort, and the great resistance offered by the narrow pelvis. This idea was so impressed upon my mind that I did not deem it necessary at the time to request a post-mortem examination.

* Dr. Churchill avers that as soon as laceration of the womb occurs, the child dies.

The next inquiry, how should I have acted had I been present when the rupture occurred?

This I consider the most difficult question to answer, and one which, after carefully consulting the best authorities, I am unprepared to undertake. There is such a diversity of opinion among obstetric operators, that the patient enquirer after truth is left tossed on a sea of doubt. If he reaches up through the contracted rent, succeeds in securing the feet, turning and dragging down and into the little ball, and delivering *per vias naturales*, I repeat, if he can do this, he has good authority for it; notwithstanding he incurs the risk of renewing the hemorrhage, of wounding the soft parts of the mother, of dragging, tearing, etc. But if he elects he can speedily proceed to perform gastrotomy, and deliver, perchance (if Churchill be true, certainly), a dead child, but undoubtedly with more safety to the mother. I am glad, truly, to see the disposition on the part of obstetric operators to attribute the results of these, hitherto "frightfully unsuccessful" operations to the fact of their having been practiced as a *dernier resôrt* instead of by election.

Blackville, S. C. L. C. Stephens.

The Use of Gallic Acid in Phthisis.

Ed. Med. and Surg. Reporter:—

While there has been advancement in the knowledge of the cause and symptoms of phthisis, the treatment has not progressed sufficiently to enable us to control its terrible effects in almost any degree. As a celebrated German writer says, "The physician often merely prescribes for form sake," and when he has used the stimulating expectorants, etc., the chances are that he has aided the disease to destroy the lung and the patient's strength. Being in a position where I have a large number of applicants suffering from this malady, I have devoted considerable time and study to the various modes of treatment, and have adopted a method which I have employed in practice, and obtained what I consider valuable results, having furnished, at least, greater relief by its use than by any other means.

The agent employed is *gallic acid*, and my reasons for employing it are as follows: it is an astringent; will reduce the irritation and inflammation of the bronchi and trachea; relieve the cough, and by a species of tanning, will harden the lung tissue, and prevent the destruction of the organ. When an abscess has been formed, a cicatrix may be secured, which enables the lung to resist the deposits from becoming embedded in the tissues, and prevents the formation of additional abscesses. This, I think, is of great importance in the treatment of this disease. This acid has been used with good results, as every physician can attest to, in cases of local irritation and inflammation, such as laryngitis, tonsillitis, and inflammation of the bowels; it has also been found a valuable remedy in hemorrhage; and by the accomplishment of these results, the patient's strength will be saved, and the progress of the disease arrested.

The cinchona bark has been used with many good results in the treatment of this disease; and one of its principles is tannic acid.

The salicinous acid, which is used with such good results in the treatment of inflammation and febrile conditions, contains a large percentage of tannic acid. The cherry bark, or *prunus virginiana*, which is the vehicle of so many expectorants, contains this agent, tannic acid.

Out of two hundred cases treated during the past seven months, I found but two whom this remedy would not relieve, yet one of these would, I think, have found relief, had she continued the treatment. Five died, and they had their suffering greatly alleviated by the use of this remedy. The formula I generally use is as follows:—

℞.	Acid. gallic.	ʒj
	Pulv. doveri,	ʒss
	Pulv. cubebæ,	ʒj
	Pulv. acaciæ,	ʒij
	Pulv. glycyrrhizæ radicis,	ʒss M.

Sig.—Half teaspoonful, *dry*, every three or four hours.

In presenting this statement, I do so to invite the consideration of the profession, and ask a trial, and I believe they will obtain such results as will cause them to advocate its use, and be the means of arresting the progress of this disease. Wm. H Hutt, M. D.

Church Dispensary, Southwark, Philada.

An Efficient Vermifuge.

Ed. Med. and Surg. Reporter:—

I saw, by the Reporter of April the 7th, among "Queries and Replies," a prescription for ascarides. Meeting a patient on the road, I hastily prescribed—

℞.	Quiniæ sulph.,	gr.x
	Chinoidine,	ʒj
	Mass. hydrarg.,	gr.xij
	Ol. pip. nig.,	q.s. M.

Fiat.—Pil. No. xvj.

Sig.—One pill every two hours, for malarial trouble; and for ascarides—

℞.	Acid. carbolici,	f.ʒss
	Pot. chloratis,	ʒss
	Aquæ font., ad. q.s.	℥ij. M.

Sig.—Use f.ʒiv every morning, as an injection.

The pills were taken as directed, and two days following the enema was given; twenty minutes after its administration a discharge was produced, and with it came about five feet of tænia. There had never been any expulsion of tænia, and the only symptoms which had been produced which were in any way analogous to it were pain in the abdomen and a burning and itching around the anus. Acting on the principle "let well enough alone," I ordered the continuance of the carbolic acid and

chlorate of potash enema, enjoined total abstinence from food, and directed an emulsion of pumpkin seed to be taken at night. In the morning the second injection was taken, and half an hour afterwards the tænia was expelled entire, measuring in toto about twenty feet.

Apropos. Did the enema produce the expulsion by its therapeutic effect, or was it merely mechanical? G. W. MARSHALL, M. D.

Milford, Del., April 24th, 1877.

Spontaneous Reduction of a Dislocated Humerus.

ED. MED. AND SURG. REPORTER:—

The following item, if thought worth while, for its curiosity, may be published. Mrs. A., a lady over threescore and ten, a resident of this village, upon rising from her bed on the morning of September 10th, 1874, fell forward from a paralytic stroke, striking the point of her left shoulder against a piece of furniture with such force as to result in dislocation downward, and also fracture of the clavicle at its acromial third. A physician was called, but it appears that he overlooked these injuries, and from the paralysis, by loss of sensibility, the patient made no complaint of pain. In due time the clavicle reunited, leaving some little deformity. The head of the humerus remained in the axillary space just two years and six months, when, on the 10th ultimo, she slipped and fell upon the left arm and side, when lo, upon arising, she found she had perfect use of the arm, being again able to raise the elbow from the side, and to her great surprise and satisfaction, the deformity at the joint had disappeared, and the full and free use of the member was restored. There seemed to be no obliteration of the glenoid cavity or absorption of the head of the humerus, nor yet any swelling, pain, or other unpleasant results arising from the reduction of the joint after being so long out of place.

Respectfully, RALPH DAVENPORT, M.D.

Ada, Ohio.

Kerosene Oil in Croup.

ED. MED. AND SURG. REPORTER:—

In No. 15, present volume, page 343, E. W. Harvey, M. D., of New Jersey, makes the following inquiry through the REPORTER: "If any of its readers ever heard of treating membranous croup with kerosene oil?" On the night of January 1st, 1874, I gave the first dose of kerosene oil for membranous croup, with decided relief in less than half an hour. To the patient, aged three years, I gave half a teaspoonful in a little sweet milk, doses half hour apart. During the past winter I gave it with the same good result. As the doctor says, I gave it as the "last resort" in both cases, and would not hesitate now to give it again, under similar circumstances. Perhaps others have had more experience than I have. J. A. INGLES, M.D.

Morea, Ill.

NEWS AND MISCELLANY.

Bogus Veterinary Diplomas.

On April 25th a final hearing was had in this city, before Magistrate Pole, of the charge against Robert McClure, calling himself Dr. McClure, of selling "bogus" diplomas. At the previous hearing it was testified that a diploma of the "Veterinary College of Philadelphia" had been bought of defendant for $120, after a correspondence had taken place between McClure and a person whose purpose was to detect him in the alleged cheat, the Veterinary College of Philadelphia not being in existence at this time.

Dr. Alfred L. Elwyn, of No. 1422 Walnut street, whose name was signed to the diploma, was called as a witness. He was shown one of the diplomas, and was asked if it was his signature, and he replied that it was not. I was, he said, president of the college seventeen or eighteen years ago; I can't tell if it is now in existence or not; have not had any connection with it since 1862. Other diplomas were now shown to the witness, and he said he had never seen them before; had never signed them, nor authorized any one to sign for him.

Thomas C. Davis, job printer, testified that he printed fifty copies of a diploma similar to one shown to him, and that Robert McClure ordered them.

Jesper H. Warren, Professor of Penmanship, testified that he filled up the diplomas, and wrote the signatures upon them, at the order of Robert McClure. He had often filled up diplomas (not medical) for other people. This closed the testimony, and the accused was held in $3000 to answer the charge of false pretence; also two other charges under different sections of the penal code, relating to the issuing of "bogus" diplomas.

Medical Practitioners in Ancient Rome.

In a paper read before the Académie des Inscriptions, Dr. Briau relates the results of his investigations as to the official condition of medical practitioners in Rome. Under the kings and the republic, mostly of servile origin, freedmen or the sons of freedmen, they had no administrative existence, or any relation to the State. Social medicine, legal medicine, and public hygiene were unknown; and any person might, at his own risk and peril, practice the art of healing. The law punished with exile any one of high rank (*honestior*) who administered a fatal remedy; while any one of low condition (*humilior*) was punished with death. This was an application of the common law. Midwives were treated with more consideration, the *lex Cornelia*, regulating many of their procedures, providing, among other things, that when a pregnant woman died her abdomen should be opened, for the extraction of the child. It was not until the dictatorship of Julius Cæsar that the condition of practitioners

was improved, one of his decrees honoring, with the much desired right of citizenship, those who practiced medicine in the capital. From this time the position of the profession became estimable, and was sought for by many men of merit. The movement soon spread to provincial towns, wherein, too, the right of citizenship proved a great attraction. Almost all the early emperors exhibited a desire of attaching distinctions and prerogatives to the profession, and practitioners intervened directly in the administration. The institution of *archiaters*, or official practitioners, introduced them into the palaces of the sovereigns, the municipal assemblies, and the public schools. Augustus first organized a military medical service.

Scarcity of Subjects in Paris.

Paris, which formerly used to be so abundantly supplied with subjects, is now, according to the *Union Médicale*, suffering from a scarcity somewhat like that which prevails in London. The students of the Ecole de Médicine have recently been informed that they can only dissect at the Ecole Pratique for half the time formerly allowed for their 20 frs., on account of the number of applicants and the scarcity of bodies. It often happens that, in spite of every wish on their part, the students are only able to dissect a thigh or an arm during the session. This paucity of subjects is said to be due to the intervention of the religious societies, who buy up, for the purpose of burial, the bodies of unclaimed persons who die in the hospitals. It is suggested that the example of Germany should be followed, and unclaimed bodies be brought by rail, preserved in ice, if necessary, from the hospitals of provincial towns situated within a radius of thirty leagues around Paris.

Consumption of Alcohol in Great Britain.

The following figures are given by the *Medical Times and Gazette*: Duty was paid in 1866 on 29,950,288 gallons of home-made spirits for consumption as a beverage in the United Kingdom; this quantity is less by 155,819 gallons than that of the preceding year. The 16,438,135 gallons for consumption in England show a decrease of 304,633 gallons; but the 6,971,138 gallons for Scotland show an increase of 98,668 gallons, and the 6,541,015 gallons for Ireland an increase of 50,146 gallons. The 11,487,795 proof gallons of foreign spirits, entered for consumption in the United Kingdom in 1876, were 294,855 gallons less than the quantity imported in the preceding year. The two returns together show a total decrease of more than 450,000 gallons.

Medical Society of New Jersey.

The 111th annual meeting of the Medical Society of New Jersey will be held in the Assembly Rooms, Taytor Hall, at Trenton, on the 22d of May, 1877, at half-past seven P.M., and will continue in session the following day.

WM. PIERSON, JR., *Secretary.*

Personal.

—We understand that Dr. Thomas Addis Emmet, of the New York Woman's Hospital, is engaged on a comprehensive work on Gynæcology. This information will be of special interest to gentlemen who have attended Dr. Emmet's operations and demonstrations at that institution.

—Dr. John McKelway, a prominent physician in Trenton, died in that city a few days ago, aged 98 years. Deceased was born in Scotland in 1778, and came to Trenton nearly sixty years ago, and resided there up to the time of his death.

QUERIES AND REPLIES.

Reply to Anxious—"Treatment of Leucorrhœal Discharge following Dysmenorrhœa," April 21.

R.	Tinct. ferri chlo.,	gtt. viij to xij;
	Potassæ arsenatis liquor,	gtt. vj to viij;
	Glycerinæ,	ounce ss.
	Aquæ,	q. s.

Given half hour after each meal.

Combined with cold hip baths and other suitable treatment to restore the general health, this recipe is usually successful. GEO. C. CATTELL, M.D.

St. Joseph, Mo.

In answer to *Anxious*, of April 21 (if there is no displacement of the uterus), I would suggest the following treatment. Introduce carbolized sponge tent, once between periods, and give the following after the third day of menstruation:—

R.	Tr. erigeron,	drachm ij;
	Squibbs' fl. ext. ergot,	ounce ss;
	Aquæ cinnamomi,	q. s. to make ounce iv. M.

Sig.—Teaspoonful every four hours until menstruation and leucorrhœa ceases.

Meadville, Pa. D. R. G.

MARRIAGES.

APPLE—FLEMMING.—On the 15th of March, at the bride's home, in Easton, Pa., by Rev. J. R. Groff, of the Lutheran Church, Miss Emma Frances, daughter of the late Christian Flemming, and Dr. Samuel S. Apple, of the City of Allentown, Pa.

CHRISTINE—WILLS.—March 28, in Philadelphia, by Rev. W. W. Christine, assisted by Rev. A. E. Ballard, W. Ballard Christine, M.D., son of the officiating clergyman, and Miss M. Ella Wills, of Philadelphia.

LEAKE—SABIN.—At Williamstown, Mass., Thursday, April 19, by Rev. A. B. Jennings, Mr. Frederic Leake and Elizabeth, daughter of Dr. H. L. Sabin.

MONTGOMERY—FITCH.—In New York, on the 19th inst., at the Church of the Incarnation, by Rev. J. Cotton Smith, D.D., assisted by Rev. Arthur Brooks, John Howard Montgomery and Annie Glover, daughter of James D. Fitch, M.D.

TYTLER—SECOR.—Wednesday, April 18, at the residence of the bride's parents, by Rev. W. W. Taylor, George E. Tytler, M.D., of New York, and Miss Lizzie E. Secor, of Youngsville, N. Y.

DEATHS.

BALL.—In New York, on Sunday, April 22, of pneumonia, Eliza W. Ball, wife of Dr. Alonzo S. Ball.

HUNTINGTON.—In West Randolph, Vt., April 7, of consumption, Dr. E. Huntington, aged 37 years, 5 months and 8 days.

WHITTAKER.—In Dallas, Oregon, Feb. 20, 1877, Mrs. Dr. F. E. Whittaker, aged 25 years, 1 month and 20 days.